PANLAR 2022 - Abstract Submission
COVID-19

Prevalence Of Long Covid In Rheumatic Patients: Data From The Sar Covid Registry

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Objectives Determine the prevalence and risk factors for long COVID in a cohort of patients with rheumatic diseases from Argentina.

Methods Patients were registered from August 18, 2020 to July 29, 2021. Inclusion criteria was: ≥18 y.o., diagnosis of rheumatic disease and confirmed infection by SARS-CoV-2 (antigen or RT-PCR). Patients with unknown outcome, death or missing data were excluded. Demographic data, rheumatic disease, and characteristics of SARS-CoV-2 infection were recorded. Long COVID was defined according to NICE guideline. Infection severity was classified according to WHO ordinal scale. We used descriptive statistics, univariate model (Student's test, X^2 test, ANOVA) and multivariate logistic regression analysis.

Results 1915 patients were included with a median age of 51 (IQR 40-61) y.o, 82% were females, 51% were not caucasian. Median years of schooling was 13.3 (IQR 12–16), 762 (46%) had comorbidities, the most frequent was hypertension (24%). The most prevalent rheumatic disease was rheumatoid arthritis (n=719, 42%); 79% were in low activity/remission, 45% used conventional DMARD and 34% steroids (71% at low dose); 1472 (86%) had a WHO ordinal scale <5 and 27% (n=461) required treatment. Median days of hospitalization at intensive care unit (ICU) was 8 [IQR 5, 13].

Long COVID was present in 230 patients (12%), 69% reported 1 persisting symptom (Figure 1). Univariate analysis is presented in table 1. In multivariate logistic regression analysis non-caucasian ethnicity OR 1.44 (1.07-1.95), more years of schooling OR 1.05 (1-1.09), treatment with cyclophosphamide (CYC) OR 11.35 (1.56-112.97), symptoms of COVID OR 13.26 (2.75-242.08), severity scale WHO ≥ 5 OR 2.46 (1.68-3.57) and longer ICU hospitalization OR 1.09 (1.05-1.14) associated with long COVID.

Table Table 1. Univariate analysis. Factors related with long COVID in SAR – COVID registry

Variable	Acute COVID n=1486	Long COVID n=221	P value
Age, years, median [IQR]	51[40,60]	54[42,62]	0.032
Hypertension, n(%)	332(23)	60(29)	0.053
Dyslipidemia, n(%)	173(12)	39(19)	0.008
CYC, n(%)	3(0.2)	3(1)	0.035
Rituximab, n(%)	19(1)	9(34)	0.008
Lymphocyte <1.500/mm3, n(%)	66(23)	19(30)	0.011
Ferritin >2000 ng/ml, n(%)	32(11)	16(25)	0.011
ICU hospitalization, days, median [IQR]	7[4,10]	10[8,24]	<0.001
Treatment for COVID, n(%)	394(27)	91(41)	<0.001

Image 1

Figure 1. Persisting symptoms in long COVID, SAR - COVID registry (n=221)
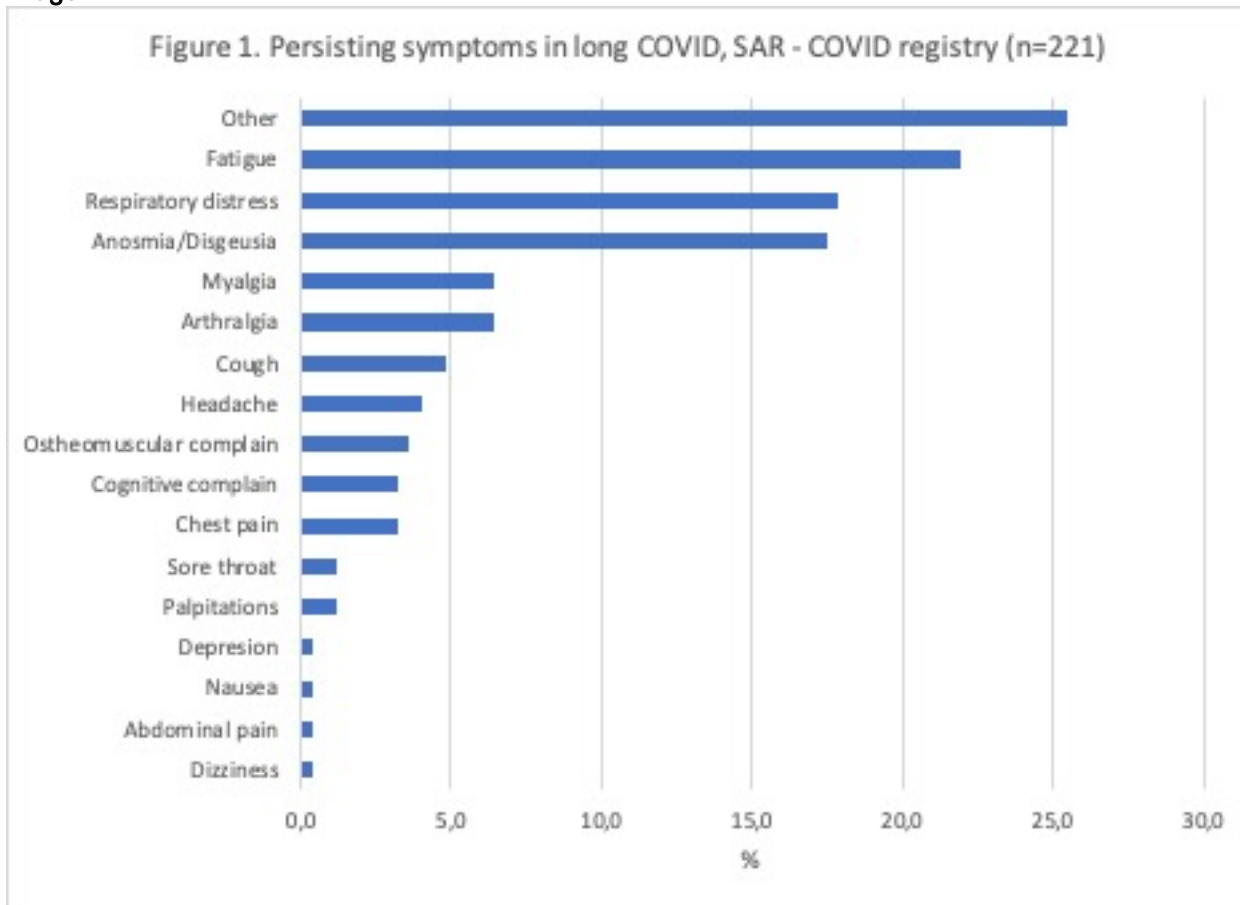
Conclusion Prevalence of long COVID was 12%. Non-caucasian ethnicity, higher education, treatment with CYC, symptoms of COVID – 19, severe disease and longer ICU hospitalization were related to long COVID.